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| SERIAL NUMBER<br>09/977,182 | FILING DATE<br>10/12/2001<br><br>RULE | CLASS<br>026 | GROUP ART UNIT<br>3661 | ATTORNEY<br>DOCKET NO.<br>43299.830001.002 |
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APPLICANTS

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\*\* CONTINUING DATA *Y CAN* \*\*\*\*\*  
 This application is a CIP of 09/122,404 07/25/1998 PAT 6,311,162  
 and is a CIP of 09/880,973 06/14/2001  
 which is a CON of 09/122,404 07/25/1998 PAT 6,311,162

\*\* FOREIGN APPLICATIONS *N CAN* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 10/26/2001

|  |   |                           |                         |                       |                            |
|--|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature _____ Initials _____ | STATE OR<br>COUNTRY<br>CO | SHEETS<br>DRAWING<br>55 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>6 |
|--|---|---------------------------|-------------------------|-----------------------|----------------------------|

ADDRESS  
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TITLE  
 Interactive symptomatic recording system and method utilizing symptomatic memory

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|------------|---|---|
| FILING FEE | FEES: Authority has been given in Paper | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of |
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